

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|--|---|--------------------------|---|--------------------------|
| Name of Committee in Full CITIZENS FOR STEPHANIE KUNZE | | | | |
| Full Name of Contributor Susan Reynolds | | | Registration Number, if PAC | |
| Street Address 3346 Brendan Drive | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Michelle Schonhardt | | | Registration Number, if PAC | |
| Street Address 3750 Cemetery Road | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$50.00 |
| City Hillard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Gayle C. Friedman | | | Registration Number, if PAC | |
| Street Address 5012 Ivyvine Blvd | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$15.00 |
| City Dublin | State OH | Zip Code 43016 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Julie Apelt | | | Registration Number, if PAC | |
| Street Address 5943 Heartland Court | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$15.00 |
| City Hillard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Shelli L Bauer | | | Registration Number, if PAC | |
| Street Address 5475 Hyde Park Drive | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$50.00 |
| City Hillard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Patti Banrey | | | Registration Number, if PAC | |
| Street Address 3358 Patcon Way | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jeffrey Ghilani | | | Registration Number, if PAC | |
| Street Address 6016 Farmcreek Court | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$205.00**